Below is a list of statements that other people with your illness have said are important. Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

### PHYSICAL WELL-BEING

| GP1          | I have a lack of energy ................................................................. | 0  | 1  | 2  | 3  | 4  |
| GP2          | I have nausea ............................................................... | 0  | 1  | 2  | 3  | 4  |
| GP3          | Because of my physical condition, I have trouble meeting the needs of my family ........................................ | 0  | 1  | 2  | 3  | 4  |
| GP4          | I have pain ........................................................................ | 0  | 1  | 2  | 3  | 4  |
| GP5          | I am bothered by side effects of treatment .......................... | 0  | 1  | 2  | 3  | 4  |
| GP6          | I feel ill ........................................................................ | 0  | 1  | 2  | 3  | 4  |
| GP7          | I am forced to spend time in bed.............................................. | 0  | 1  | 2  | 3  | 4  |

### SOCIAL/FAMILY WELL-BEING

| GS1          | I feel close to my friends............................................................. | 0  | 1  | 2  | 3  | 4  |
| GS2          | I get emotional support from my family ...................................... | 0  | 1  | 2  | 3  | 4  |
| GS3          | I get support from my friends.................................................... | 0  | 1  | 2  | 3  | 4  |
| GS4          | My family has accepted my illness ............................................. | 0  | 1  | 2  | 3  | 4  |
| GS5          | I am satisfied with family communication about my illness .......... | 0  | 1  | 2  | 3  | 4  |
| GS6          | I feel close to my partner (or the person who is my main support)  | 0  | 1  | 2  | 3  | 4  |
| Q1           | Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please mark this box □ and go to the next section. |
| GS7          | I am satisfied with my sex life ................................................... | 0  | 1  | 2  | 3  | 4  |
Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

**EMOTIONAL WELL-BEING**

<table>
<thead>
<tr>
<th>Item</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Somewhat</th>
<th>Quite a bit</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel sad ..................................................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I am satisfied with how I am coping with my illness....................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I am losing hope in the fight against my illness........................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel nervous ...........................................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I worry about dying ....................................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I worry that my condition will get worse ....................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**FUNCTIONAL WELL-BEING**

<table>
<thead>
<tr>
<th>Item</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Somewhat</th>
<th>Quite a bit</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am able to work (include work at home) ....................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My work (include work at home) is fulfilling ................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I am able to enjoy life ..........................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I have accepted my illness ......................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I am sleeping well ......................................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I am enjoying the things I usually do for fun .............................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I am content with the quality of my life right now .....................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
FACT-B (Version 4)

Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

<table>
<thead>
<tr>
<th>ADDITIONAL CONCERNS</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Somewhat</th>
<th>Quite a bit</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1 I have been short of breath ........................................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B2 I am self-conscious about the way I dress ...............................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B3 One or both of my arms are swollen or tender ..........................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B4 I feel sexually attractive .........................................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B5 I am bothered by hair loss .........................................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B6 I worry that other members of my family might someday get the same illness I have</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B7 I worry about the effect of stress on my illness ......................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B8 I am bothered by a change in weight .......................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B9 I am able to feel like a woman ....................................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>P2 I have certain parts of my body where I experience pain............................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>